

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 1 4

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 201

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ (5873.49)

b. FFY 2001 \$ (11014.90)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 5, p2

Attachment 4.19-B, Item 5, p2a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same (TN 96-21)

None - New Page

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to reduce reimbursement rates for
certain CPT codes for surgery, medicine, evaluation and management, radiology, pathology and
lab services, neonatal care, and tonsillectomy and adenoidectomy services.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does not
review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John Hancock

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 27, 2000

16. RETURN TO:

State of Louisiana
Department of Health & Hospitals
1201 Capitol Access Road
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 27, 2000

18. DATE APPROVED:

June 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

February 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

Calvin G. Cline

22. TITLE:

Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 4.19-B
Item 5, Page 2

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	Reimbursement for certain bilateral procedures listed
42 CFR	Care and Services	in the Professional Services Provider Manual shall be
447.201	Item 5 (cont'd)	at 143 % of the fee on the Physician's Formulary File
		when performed bilaterally.

Current Procedural Terminology (CPT) codes for surgery (10040-69979), medicine (90281-99199), evaluation and management (99201-99499), radiology (70010-79999), pathology and laboratory services (80048-89399), and selected locally-assigned Health Care Financing Administration Common Procedure Codes (HCPC) will be reimbursed at ninety-three percent (93 %) of the fees (published in annual notice to providers) in effect as of January 31, 2000.

Current Procedural Terminology (CPT) codes for neonatal care (99295, 99298) will be reimbursed at eighty-four percent (84 %) of the fees (published in annual notice to providers) in effect as of January 31, 2000.

Current Procedural Terminology (CPT) codes for tonsillectomy and adenoidectomy services (42820, 42821, 42825, 42826, 42830, 42831) will be reimbursed at seventy-five percent (75 %) of the fees (published in annual notice to providers) in effect as of January 31, 2000.

STATE <u>Louisiana</u>	A
DATE REC'D <u>03-27-2000</u>	
DATE APP'D <u>06-06-2001</u>	
DATE EFF <u>02-01-2000</u>	
HCFA # <u>LA-00-14</u>	

- (b) Providers are advised to bill usual and customary charges in order for the Medicaid Program to continue to use these charges to establish prevailing fees in Louisiana.

TN# 00-14 Approval Date 06-06-01 Effective Date 02-01-00
Supersedes
TN# 96-21

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 4.19-B
Item 5, Page 2 a

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

A. Payment for Physician Services for recipients eligible for Title XVIII-Part B.

Title XVIII-B provides for payment per calendar year for physician services for a Medicare eligible in the amount of 80% of the physician's reasonable usual and customary charge after the annual deductible is met. The Medicaid Program pays for Medicare covered services in accordance with the limitations set forth in Section 3.2 and Attachment of the Plan.

B. Recipients not Eligible for Title XVIII Part B.

Payment for physician services for recipients not covered under Title XVIII Part B will be made subject to flat fee limitations or billed charges whichever is lower and subject to service limitations.

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>03-27-2000</u>	
DATE APPROV'D	<u>06-06-2001</u>	
DATE EFF	<u>02-01-2000</u>	
HOFA 179	<u>LA-00-14</u>	

TN# 00014 Approval Date 06-06-01 Effective Date 02-01-00

Supersedes

TN# SUPERSEDES: NONE - NEW PAGE